

RIBOT V. FARMERS SERVICES, L.L.C.  
SETTLEMENT ADMINISTRATOR  
C/O RUST CONSULTING, INC. - 4559  
PO BOX 2396  
FARIBAULT, MN 55021-9096

FOR OFFICIAL USE ONLY

01

Page 1 of 2

**IMPORTANT LEGAL MATERIALS**

**\*Barcode\_\_\***    <<SequenceNo>>

<<Name1>>  
<<Name2>>  
<<Name3>>  
<<Name4>>  
<<Address1>>  
<<Address2>>  
<<City>> <<State>> <<Zip10>>  
<<CountryName>>

*RIBOT, et al v. FARMERS SERVICES, L.L.C. et al*  
UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA  
CV-11-02404 DDP (FMOx)

TO BE ELIGIBLE TO RECEIVE YOUR SHARE OF THE SETTLEMENT MONEY, YOU MUST COMPLETE, SIGN AND MAIL OR FAX THIS CLAIM FORM, POSTMARKED, **ON OR BEFORE** \_\_\_\_\_, **2015**

**MAIL TO:**

RIBOT V FARMERS SERVICES  
SETTLEMENT ADMINISTRATOR  
C/O RUST CONSULTING, INC. - \_\_\_\_  
PO BOX 2396  
FARIBAULT, MN 55021-9096  
TELEPHONE: (800) 436-8897  
FAX: (877) 244-1458

**INSTRUCTIONS:**

1. You must complete, sign and mail this Claim Form to be eligible for a monetary recovery.
2. If you move, you **MUST** provide the Settlement Administrator your new address. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement share.
3. If you wish to dispute the employment dates below, you must submit your dispute by \_\_\_\_\_, 2015, along with this Claim Form and supporting documentation.

**You Must Complete All Pages of the Claim Form.**

\*Barcode \_\_\_\_\_\*

**CLAIM FORM**

<<Name1>>  
<<Name2>>  
<<Name3>>  
<<Name4>>  
<<Address1>>  
<<Address2>>  
<<City>> <<State>> <<Zip10>>  
<<CountryName>>

**Name/Address Changes, if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I. EMPLOYMENT INFORMATION.**

Farmers' records indicate that you are a member of the <<CLASS>> as described in the enclosed Notice of Class Action Settlement, and that you worked at Farmers Services, LLC., Farmers Insurance Exchange and/or 21<sup>st</sup> Century Insurance Company in a position covered by this settlement from <<STARTDATE>> to <<ENDDATE>> during the period from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_. A complete description of each Class is found in the Notice that accompanies this Claim Form.

**II. DISPUTING EMPLOYMENT INFORMATION.**

**Please Check One:**

- ☐ I don't dispute the dates of employment indicated above.
- ☐ I dispute the dates of employment listed above. I have indicated below what I believe are the correct dates of my employment in a class position during the period from \_\_\_\_\_ to \_\_\_\_\_.
- \_\_\_\_\_ - \_\_\_\_\_

I understand that if I dispute the dates of employment listed above, I must include documentary evidence that supports my claim. I recognize that if I dispute the dates of employment, my dispute will not be reviewed if I do not include documentary evidence in support of what I believe my correct dates of employment are.

**III. RELEASE AND SIGNATURE.**

My signature indicates that I wish to participate in the settlement described in the Notice that accompanied this Claim Form. My signature constitutes a full and complete release of Farmers Services, LLC., Farmers Insurance Exchange and/or 21<sup>st</sup> Century Insurance Company, as well as their officers, directors, employees, partners, shareholders and agents, attorneys, and any other successors, assigns, or legal representatives, and insurers, and all persons acting under, by, through, or in concert with any of them, and each of them ("Releasees") from any and all claims pertaining to the class(es) to which I belong, as set forth in the release in the Notice that accompanies this Claim Form.

**I declare under penalty of perjury under the laws of the State of <<STATE>> that any information I provided on or**

with this Claim Form is true and correct.

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Page 2 of 2